

Client Intervention Plan using Risk Matrix Rating as outcome measure

This is a sample of how Risk Rating (HSE Risk Matrix) can be used as part of Goal setting and outcome measures in occupational therapy.

This Client Intervention Plan (CIP) was developed by Primary Care Occupational Therapy Department – Dublin South City. It is used as part of the Clinical Pathway for Dementia referenced in the Cognitive Assessment Resources section. (see Description & Pathway in the Cognitive Assessment resources).

| CLIENT INTERVENTION PLAN (CIP) | | | | | | | | | | | | | | | | | | |
|--|---|--|---|----------------|---|--|--|--------------|--|---|---|--|-------------------|--|--|---------|--|--|
|  Feidhmeannacht na Seirbhise Sláinte Health Service Executive | | | | | | | | | | | | | | | | | | |
| Occupational Therapy Department Primary Care, Dublin South City - CHO 7 City Lodge, The Meath Community Service 1-9 Heytesbury Street, Dublin 8. D08 Y1TW | | | | | | | | | | | | | | | | | | |
| Client Name: <u>ABC</u> Client Number: <u>123456</u> Occupational Therapist Name: _____ <small>L= Likelihood X= Impact</small> | | | | | | | | | | | | | | | | | | |
| <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>C-client</td> <td colspan="2">Tick who the goal has been made with and review with same person at d/c</td> </tr> <tr> <td>FC = family/carer</td> <td colspan="2"></td> </tr> <tr> <td>B= Both</td> <td colspan="2"></td> </tr> </table> | | | | | | | | | | C-client | Tick who the goal has been made with and review with same person at d/c | | FC = family/carer | | | B= Both | | |
| C-client | Tick who the goal has been made with and review with same person at d/c | | | | | | | | | | | | | | | | | |
| FC = family/carer | | | | | | | | | | | | | | | | | | |
| B= Both | | | | | | | | | | | | | | | | | | |
| Date | Goal No. | Identified Risks/Problems | | Pre-OT Risk | Goals | Planned Interventions | Outcome, Date Achieved & Signed | Post OT Risk | Client/Carer Satisfaction that goal is addressed | | | | | | | | | |
| | | L | I | | | | | L | I | | | | | | | | | |
| 1/2/18 | 1 | Risk of Carer stress – overwhelmed re future, day to day care and specifically with managing assistance with showering as client experiences increased agitation | | 5 4 | To reduce carer stress | -refer to Public health nurse re having assistance with self care | Completed. Health Care Assistant attending once/week for shower assist | 3 4 | Y | Wife reports reduction in stress and client's stress/agitation reduced with showering | | | | | | | | |
| | | | | | | -provide carer education on dementia and taking care of self | | | | | -education provided over several sessions | | | | | | | |
| | | | | C FC x B | 20 | | | 12 | | | | | | | | | | |
| 1/2/18 | 2 | Risk of Falls | | 5 4 | To reduce risk of falls | Install: 2nd rail on stairs, grab bars at front door, grab bar and shower seat in shower | Completed. Client is safer on steps/stairs. | 3 4 | Y | | | | | | | | | |
| | | | | | | provide falls prevention education | | | | | Falls prevention measures in place including night light | | | | | | | |
| | | | | C FC B/x | 20 | | | 12 | | | | | | | | | | |
| 1/2/18 | 3 | Risk of occupational deprivation and poor sleep habits (napping in day, poor sleep at night) | | 4 4 | Increase engagement in meaningful activity, balancing physical and social activity with quiet/relaxation time | review brain health with both client and wife | Client now has weekly activity plan. He is attending Day Centre once per week. His family are visiting several times per week. He is no longer napping during the day and sleeping better at night | 2 4 | Y | | | | | | | | | |
| | | | | | | -review resources such as Day centres | | | | | - review other activities such as family visits, listening to music | | | | | | | |
| | | | | C FC B/x | 16 | | | 8 | | | | | | | | | | |

Goals are established with the client and/or Family carer – and linked to Risk rating.

Prior to OT intervention, a risk rating is determined, example Goal #2:

- Pre OT Intervention the Risk of falls is 20 on the Risk Matrix
- Post OT Intervention it is reduced to 12, demonstrating a 40% reduction to the risk of falls.
- Client/carer satisfaction is also reviewed i.e. Are you satisfied OT has addressed the goal of reducing risk of falls (Yes, or No).

Using the Risk Matrix does not imply that OT is risk adverse, on the contrary, we sometimes weigh up competing risks e.g. risk of falls versus risk of occupational deprivation – see positive risk taking. These outcome measures can capture quite effectively how OT intervention has benefitted the client.

HSE Risk Assessment Matrix Tool

Risk is defined as “the chance of something happening that will have an impact on the achievement of organizational stated objectives”, (HSE, 2008).

The HSE risk assessment tool is commonly used across both HSE departments, Hospital Groups, Voluntary and Non-voluntary agencies. It seeks to identify the risk to be managed as well as developing an understanding of the risk by analyzing control factors in place to manage and/or reduce the risk.

The risk is managed in terms of likelihood and impact. The likelihood being that a risk may occur and the impact being the impact of harm to service user. The purpose of risk evaluation is to make a decision based on the outcome of the risk. An evaluation is made on whether to accept the risk or treat the risk.

In dementia care the risk assessment tool may be utilised to justify the need for equipment or assist in setting in place control measures for a unique pattern of challenging behaviours

HSE RISK ASSESSMENT TOOL

| 1. IMPACT TABLE | | Negligible | Minor | Moderate | Major | Extreme |
|--|-------------------|---|---|---|--|---|
| Injury | | Adverse event leading to minor injury not requiring first aid. No impaired Psychosocial functioning | Minor injury or illness, first aid treatment required. < 3 days absence < 3 days extended hospital stay Impaired psychosocial functioning greater than 3 days less than one month | Significant injury requiring medical treatment e.g. Fracture and/or counselling. Agency reportable, e.g. HSA, Gardai (violent and/or sexual assault). >3 days absence 3-8 Days extended hospital Stay Impaired psychosocial functioning greater than one month less than six months | Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling Impaired psychosocial functioning greater than six months | Incident leading to death or major permanent incapacity. Event which impacts on large number of patients or member of the public Permanent psychosocial functioning incapacity. |
| Service User Experience | | Reduced quality of service user experience related to inadequate provision of information | Unsatisfactory service user experience related to less than optimal treatment and/or inadequate information, not being talked to & treated as an equal; or not being treated with honesty, dignity & respect - readily resolvable | Unsatisfactory service user experience related to less than optimal treatment resulting in short term effects (less than 1 week) | Unsatisfactory service user experience related to poor treatment resulting in long term effects | Totally unsatisfactory service user outcome resulting in long term effects, or extremely poor experience of care provision |
| Compliance with Standards (Statutory, Clinical, Professional & Management) | | Minor non compliance with internal standards. Small number of minor issues requiring improvement | Single failure to meet internal standards or follow protocol. Minor recommendations which can be easily addressed by local management | Repeated failure to meet internal standards or follow protocols. Important recommendations that can be addressed with an appropriate management action plan. | Repeated failure to meet external standards. Failure to meet national norms and standards / Regulations (e.g. Mental Health, Child Care Act etc.). Critical report or substantial number of significant findings and/or lack of adherence to regulations. | Gross failure to meet external standards. Repeated failure to meet national norms and standards / regulations. Severely critical report with possible major reputational or financial implications. |
| Objectives/Projects | | Barely noticeable reduction in scope, quality or schedule. | Minor reduction in scope, quality or schedule. | Reduction in scope or quality of project; project objectives or schedule. | Significant project over – run. | Inability to meet project objectives. Reputation of the organisation seriously damaged. |
| Business Continuity | | Interruption in a service which does not impact on the delivery of service user care or the ability to continue to provide service. | Short term disruption to service with minor impact on service user care. Temporary loss of ability to provide service | Some disruption in service with unacceptable impact on service user care | Sustained loss of service which has serious impact on delivery of service user care or service resulting in major contingency plans being involved | Permanent loss of core service or facility Disruption to facility leading to significant knock on' effect |
| Adverse publicity/ Reputation | | Rumours, no media coverage. No public concerns voiced. Little effect on staff morale. No review/investigation necessary. | Local media coverage – short term. Some public concern. Minor effect on staff morale / public attitudes. Internal review necessary. | Local media – adverse publicity. Significant effect on staff morale & public perception of the organisation. Public calls (at local level) for specific remedial actions. Comprehensive review/investigation necessary. | National media/ adverse publicity, less than 3 days. News stories & features in national papers. Local media – long term adverse publicity. Public confidence in the organisation undermined. HSE use of resources questioned. Possible questions in the Dail. Public calls (at national level) for specific remedial actions to be taken possible HSE review/investigation | National/international media/ adverse publicity, > than 3 days. Editorial follows days of news stories & features in National papers. Public confidence in the organisation undermined. HSE use of resources questioned. CEO's personal reputation at risk. Individual HSE officials to be sanctioned. Taoiseach/Minister forced to comment or intervene. Questions in the Dail. Public calls (at national level) for specific remedial actions to be taken. Court action. Public independent inquiry. |
| Financial Loss (per local Contact) | <€1k | | €1k – €10k | €10k – €100k | €100k – €1m | >€1m |
| Environment | Nuisance Release. | | On site release contained by organisation. | On site release contained by organisation. | Release affecting minimal off-site area requiring external assistance (fire brigade, radiation, protection service etc.) | Toxic release affecting off-site with detrimental effect requiring outside assistance |

2. LIKELIHOOD SCORING

| Rare/Remote (1) | | Unlikely (2) | | Possible (3) | | Likely (4) | | Almost Certain (5) | |
|------------------------------|-------------|------------------------|-------------|------------------|-------------|------------------|-------------|--------------------|-------------|
| Actual Frequency | Probability | Actual Frequency | Probability | Actual Frequency | Probability | Actual Frequency | Probability | Actual Frequency | Probability |
| Occurs every 3 years or more | 1% | Occurs every 2-5 years | 10% | Occurs 1-2 years | 50% | Bimonthly | 75% | At least monthly | 99% |

3. RISK MATRIX

| | Negligible (1) | Minor (2) | Moderate (3) | Major (4) | Extreme (5) |
|--------------------|----------------|-----------|--------------|-----------|-------------|
| Almost Certain (5) | 5 | 10 | 15 | 20 | 25 |
| Likely (4) | 4 | 8 | 12 | 16 | 20 |
| Possible (3) | 3 | 6 | 9 | 12 | 15 |
| Unlikely (2) | 2 | 4 | 6 | 8 | 10 |
| Rare/Remote (1) | 1 | 2 | 3 | 4 | 5 |

Resources related to Risk Matrix:

See attached pdf documents of

1) a sample CIP

2) Risk Rating Tool

3) Risk Rating guide.